

Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Date: November 27, 1996
In Reply Refer To: ESH-18/WQ&H-96-0599
Mail Stop: K497
Telephone: (505) 665-1859

Res. NPDES

Ms. Diana Gamble
U.S. Environmental Protection Agency
Compliance Assurance and Enforcement Division
Water Enforcement Branch (6EN-W)
1445 Ross Avenue
Dallas, Texas 75202-2733

**SUBJECT: DISCHARGE MONITORING REPORTS (DMRs) FOR OCTOBER, 1996
NPDES PERMIT NO. NM0028355**

Dear Ms. Gamble:

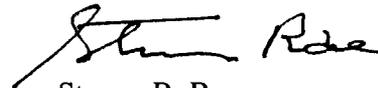
Enclosed are Los Alamos National Laboratory's DMRs (EPA Form 3320-1) for October, 1996, as required under the above referenced NPDES Permit. There were eleven effluent limitations exceeded for the industrial outfalls. There were no effluent limitations exceeded for the analyses performed for sanitary outfall 13S.

Please note that the pH exceedances at Outfall 06A099 originated from direct rainfall and there were no process flows present. The Laboratory will submit additional information regarding this issue as soon as it can be prepared.

Also, please note that the six pH exceedances at Outfall 04A161 occurred during a line disinfection operation which lasted approximately one hour.

Please contact Brenda Edeskuty at (505) 665-0789 or Mike Saladen at (505) 665-6085 if you desire any additional information concerning these DMRs.

Sincerely,



Steven R. Rae
Group Leader, ESH-18
Water Quality & Hydrology Group

SR:BE/vc

Enclosures: a/s

Cy: E. Kelley, NMED, Santa Fe, New Mexico, w/enc.
N. Weber, NMED/AIP, Santa Fe, New Mexico, w/enc.
J. Vozella, DOE/LAAO, w/enc., MS A316
C. Soden, DOE/AL, Albuquerque, New Mexico, w/enc.
D. Erickson, LANL, ESH-DO, w/enc., MS K491
M. Brown, JCI/JENV, w/enc., MS A199
LANL Outfall Owners, w/enc.
WQ&H File, w/enc., MS K497
CRM-4, w/enc., MS A150

RECEIVED

DEC 03 1996

DOE OVERSIGHT BUREAU



15539

INDUSTRIAL WASTE DEVIATIONS

October 1996

<u>EPA ID</u>	<u>TECH AREA LOCATION</u>	<u>DATE</u>	<u>PARAMETER</u>	<u>RESULTS/LIMIT</u>	<u>UNITS</u>
03A160	35-124	10/30/96	TSS	54/30 avg.	mg/l
04A161	Otowi Well #1	9/11/96	pH	9.1/9.0 max.	su
04A161	Otowi Well #1	9/11/96	pH	9.4/9.0 max.	su
04A161	Otowi Well #1	9/11/96	pH	9.3/9.0 max.	su
04A161	Otowi Well #1	9/11/96	pH	9.1/9.0 max.	su
04A161	Otowi Well #1	9/11/96	pH	9.1/9.0 max.	su
04A161	Otowi Well #1	9/11/96	pH	9.1/9.0 max.	su
05A056	16-260	10/24/96	Oil & Grease	64/15 max.	mg/l
05A056	16-260	10/24/96	Oil & Grease	64/15 avg.	mg/l
06A099	40-23	10/4/96	pH	4.7/9.0 min.	su
06A099	40-23	10/28/96	pH	5.7/9.0 min.	su

**University of California
Los Alamos National Laboratory
Los Alamos, New Mexico 87545**

**SUBJECT: NONCOMPLIANCE WITH EFFLUENT LIMITATION
IN NPDES PERMIT NM0028355**

1. Location of noncompliant discharge

Serial 160 TA-35-124

2. Description of noncompliant discharge

TSS concentration of 54 mg/l exceeded the daily average permit limit of 30 mg/l.

3. Impact upon the receiving waters

Outfall discharges to Mortandad Canyon. No adverse impacts were observed.

4. Cause of noncompliance

Under investigation.

5. Anticipated time of condition if applicable

Condition was discovered during a manual discharge of the Outfall on 10/30/96.

6. Duration of condition if uncorrected

Manual discharge lasted approximately five to seven minutes.

7. Steps taken to reduce and eliminate condition

The analytical results indicating TSS concentrations in excess of permit limits were not received until after the discharge had ceased.

8. Steps taken to prevent a recurrence of the condition

Corrective actions will be developed based on the results of the investigation.

9. Steps taken to minimize any adverse impact to navigable water

No adverse impact to navigable waters is anticipated as the discharge from the outfall did not cross the Laboratory boundary or reach the Rio Grande.

University of California
Los Alamos National Laboratory
Los Alamos, New Mexico 87545

**SUBJECT: NONCOMPLIANCE WITH EFFLUENT LIMITATION
IN NPDES PERMIT NM0028355**

1. Location of noncompliant discharge

Serial 161 Otowi Well #1

2. Description of noncompliant discharge

Six pH readings of 9.1, 9.4, 9.3, 9.1, 9.1, and 9.1 su exceeded the maximum permit limit of 9.0 su.

3. Impact upon the receiving waters

Outfall discharges to Pueblo Canyon. No adverse impacts were observed.

4. Cause of noncompliance

The high pH readings are attributed to the addition of sodium thiosulfate to the discharge for dechlorination purposes.

5. Anticipated time of condition if applicable

Condition was discovered during monitoring performed by Johnson Control, Inc. personnel of a line disinfection operation on 9/11/96.

6. Duration of condition if uncorrected

The six noncompliant pH measurements occurred during a 25 minute period. The entire discharge lasted approximately one hour.

7. Steps taken to reduce and eliminate condition

Initially dry ice was placed in the outfall weir to control pH. The pH excursions occurred after the dry ice melted.

8. Steps taken to prevent a recurrence of the condition

Johnson Control, Inc. has drafted a new procedure for line disinfection discharge operations. The procedure documents the operating range for pH during the discharge. If the water quality exceeds the operating range for pH, the discharge will be shut off.

9. Steps taken to minimize any adverse impact to navigable water

No adverse impact to navigable waters is anticipated.

**University of California
Los Alamos National Laboratory
Los Alamos, New Mexico 87545**

**SUBJECT: NONCOMPLIANCE WITH EFFLUENT LIMITATION
IN NPDES PERMIT NM0028355**

1. Location of noncompliant discharge

Serial 056 TA-16-260

2. Description of noncompliant discharge

Oil and Grease concentration of 64 mg/l exceeded the daily average and maximum permit limit of 15 mg/l.

3. Impact upon the receiving waters

Outfall discharges to Cañon de Valle. No adverse impacts were observed.

4. Cause of noncompliance

The elevated Oil and Grease concentration is attributed to the incorporation of lubricating oils exposed to washdown and coolant sprays during machining operations.

5. Anticipated time of condition if applicable

Condition was discovered during routine monitoring of Outfall 056 on 10/24/96.

6. Duration of condition if uncorrected

Condition occurred during a 5 hour operation period.

7. Steps taken to reduce and eliminate condition

Preliminary filtration using filter socks was employed to remove way lube oil from the coolant spray.

8. Steps taken to prevent a recurrence of the condition

Machine tool recirculation systems have been installed and the sumps to the outfall were plugged as of 11/22/96. Sumps have been alarmed and any discharges to sumps will be pumped and taken to the HE Wastewater Treatment Plant (Outfall 055). Outfall 056 will be submitted for elimination from the NPDES permit at a future date.

9. Steps taken to minimize any adverse impact to navigable water

No adverse impact to navigable waters is anticipated as the discharge from this outfall did not cross the Laboratory boundary or reach the Rio Grande.

University of California
Los Alamos National Laboratory
Los Alamos, New Mexico 87545

**SUBJECT: NONCOMPLIANCE WITH EFFLUENT LIMITATION
IN NPDES PERMIT NM0028355**

1. Location of noncompliant discharge

Serial 099 TA-40-23

2. Description of noncompliant discharge

pH values of 4.7 su and 5.7 su exceeded the minimum permit limit of 6.0 su on 10/04/96 and 10/28/96, respectively.

3. Impact upon the receiving waters

Outfall discharges to a tributary of Pajarito Canyon. No adverse impacts were observed.

4. Cause of noncompliance

Investigation including storm water sampling and leachability studies of roofing material indicate that direct rainfall to Bldg. 23 roof drains is the cause of this noncompliance. Results of less than 6.0 su have been obtained for direct rainfall measurements at TA-40-23. In addition, pH results of less than 6.0 su have been obtained from rainfall field measurements taken at the National Atmospheric Deposition Program (NADP) Network Station located at Bandelier National Monument. Rainfall is also believed to be the cause for the initial pH minimum excursion at Outfall 099 on 7/12/96.

5. Anticipated time of condition if applicable

Condition was discovered during repeat sampling of storm water originating from Bldg. 23 roof drains connected to outfall on 10/04/96 and 10/28/96. Processing was not in progress at the time repeat samples were collected.

6. Duration of condition if uncorrected

The duration of the noncompliant condition due to stormwater discharges is not known.

7. Steps taken to reduce and eliminate condition

Processing was not in progress at the time samples were collected on 10/04/96 and 10/28/96.

8. Steps taken to prevent a recurrence of the condition

Recirculation units for process flows will be installed. Roof drains to Outfall 099 will be evaluated.

9. Steps taken to minimize any adverse impact to navigable water

No adverse impact to navigable waters is anticipated as the discharge from this outfall did not cross the Laboratory boundary or reach the Rio Grande.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

NM0028355 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR Form Approved. F - FINAL OMB No. 2040-0004 Approval expires 10-31-94

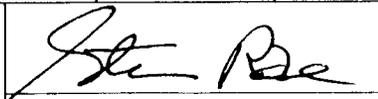
MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	10	01		96	10	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

POWER PLANT DISCHARGE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.5	SU	0	1 / MON	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1 / MON	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1 / MON	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1 / MON	GRAB
FLOW	SAMPLE MEASUREMENT	0.0360	0.0360	MGD	*****	*****	*****	*****		1 / MON	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1 / MON	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1 / MON	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1 / MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 43 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 505 665-0453	DATE				
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED					96	11	27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355 PERMIT NUMBER

02A 007 DISCHARGE NUMBER

MAJOR

Form Approved.

F - FINAL

OMB No. 2040-0004

Approval expires 10-31-94

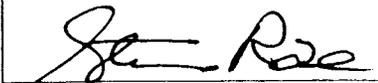
MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

BOILER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only (46-53) (54-61))			QUALITY OR CONCENTRATION (4 Card Only (38-45) (46-53) (54-61))				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.6	SU	0	3/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	3/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	10	MG/L	0	3/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
SULFITE (AS SO3) 00740 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2	MG/L	0	3/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	35 DAILY AVG	70 DAILY MAX			1/3MO	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	3/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	3/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
TOTAL IRON 01045 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	3/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1313 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME UNIVERSITY OF CALIFORNIA
ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
FACILITY _____
LOCATION Outfall Owner: R. Fox

NM0028355
PERMIT NUMBER

02A 007
DISCHARGE NUMBER

MAJOR
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

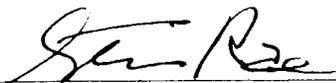
BOILER BLOWDOWN
***** NO DISCHARGE *****

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0067	0.0086	MGD	*****	*****	*****	*****		3/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
AREA CODE NUMBER

DATE
96 11 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

02A 129
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	08	01		96	10	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

BOILER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)				NO EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9	SU	0	3/3MO	GRAB	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB	
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	7	MG/L	0	3/3MO	GRAB	
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB	
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	4	MG/L	0	3/3MO	GRAB	
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB	
SULFITE (AS SO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	3	MG/L	0	3/3MO	GRAB	
00740 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	35 DAILY AVG	70 DAILY MAX			1/3MO	GRAB	
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	3/3MO	GRAB	
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB	
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	3/3MO	GRAB	
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB	
TOTAL IRON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	3/3MO	GRAB	
01045 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	10 DAILY AVG	40 DAILY MAX			1/3MO	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453		96 11 27		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: B. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

02A 129
DISCHARGE NUMBER

MAJOR

Form Approved.

F - FINAL

OMB No. 2040-0004

Approval expires 10-31-94

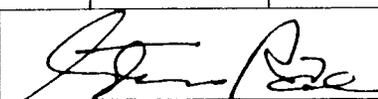
MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

BOILER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0106	0.0173	MGD	*****	*****	*****	*****		3/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96	11	27
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: S. Hanson

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

051 A
DISCHARGE NUMBER

MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

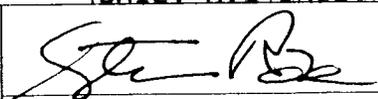
MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	10	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

INDUST. WASTE TREATMENT DISCHARGE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEMICAL OXY. DEMAND 00340 1 0 1	SAMPLE MEASUREMENT	8	14	LB/DY	*****	36	44	MG/L	0	5/MON	GRAB
	PERMIT REQUIREMENT	94 DAILY AVG	156 DAILY MAX		*****	125 DAILY AVG	125 DAILY MAX			1/WK	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.4	SU	0	CONT	REC
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			CONT	REC
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	2.3	8.8	LB/DY	*****	*****	*****	*****	0	5/MON	GRAB
	PERMIT REQUIREMENT	18.8 DAILY AVG	62.6 DAILY MAX		*****	*****	*****			1/WK	GRAB
TOTAL NITROGEN 00600 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	58.9	58.9	MG/L	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.7	3.7	MG/L	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
NITRATE-NITRITE AS N 00630 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	49.5	49.5	MG/L	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
TOTAL CADMIUM 01027 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB
	PERMIT REQUIREMENT	0.06 DAILY AVG	0.30 DAILY MAX		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/WK	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY
 LOCATION Outfall Owner: S. Hanson

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355 PERMIT NUMBER
 051 A DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	10	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

INDUST. WASTE TREATMENT DISCHARGE
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TOTAL CHROMIUM 01034 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB		
	PERMIT REQUIREMENT	0.19 DAILY AVG	0.38 DAILY MAX		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/WK	GRAB		
TOTAL COPPER 01042 1 0 1	SAMPLE MEASUREMENT	0.04	0.17	LB/DY	*****	0.2	0.9	MG/L	0	5/MON	GRAB		
	PERMIT REQUIREMENT	0.63 DAILY AVG	0.63 DAILY MAX		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/WK	GRAB		
TOTAL IRON 01045 1 0 0	SAMPLE MEASUREMENT	0.0	0.0	LB/DY	*****	*****	*****	*****	0	5/MON	GRAB		
	PERMIT REQUIREMENT	1.0 DAILY AVG	2.0 DAILY MAX		*****	*****	*****			1/WK	GRAB		
TOTAL LEAD 01051 1 0 1	SAMPLE MEASUREMENT	0.00	0.01	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB		
	PERMIT REQUIREMENT	0.06 DAILY AVG	0.15 DAILY MAX		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/WK	GRAB		
TOTAL NICKEL 01067 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	5/MON	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/WK	GRAB		
TOTAL ZINC 01092 1 0 1	SAMPLE MEASUREMENT	0.01	0.02	LB/DY	*****	0.1	0.1	MG/L	0	5/MON	GRAB		
	PERMIT REQUIREMENT	0.62 DAILY AVG	1.83 DAILY MAX		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/WK	GRAB		
RADIUM-226 + 228 11503 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.3	0.3	PCI/L	0	1/MON	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	30.0 DAILY AVG	30.0 DAILY MAX			1/MON	GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE 505 665-0453		DATE 96 11 27			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Results for 11 of the 115 Total Toxic Organics were rejected under Laboratory QA/QC methods.

(SR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: S. Hanson

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

051 A
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	10	01	TO	96	10	31
(20-21)		(22-23) (24-25)		(26-27)		(28-29) (30-31)

INDUST. WASTE TREATMENT DISCHARGE
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.0223 SR	0.0421	MGD	*****	*****	*****	*****		CONT	REC
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			CONT	REC
TOTAL MERCURY	SAMPLE MEASUREMENT	0.000	0.00	LB/DY	*****	0.00	0.00	MG/L	0	5/MON	GRAB
71900 1 0 1	PERMIT REQUIREMENT	0.003 DAILY AVG	0.09 DAILY MAX		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/WK	GRAB
TOTAL TOXIC ORGANICS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/MON	GRAB
78141 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 505 665-0453	DATE							
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Steven Rae</i>	AREA CODE	NUMBER	YEAR	MO	DAY		
TYPED OR PRINTED										

COMMENT AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)
Results for 11 of the 11 Total Toxic Organics were rejected under Laboratory QA/QC methods. **SR**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PQ BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: B. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

05S A
DISCHARGE NUMBER

MAJOR Form Approved.

F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	10	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TREATED SANITARY SEWAGE EFFLUENT

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		CONT	TOTAL
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			CONT	TOTAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453

AREA CODE NUMBER

DATE

96 11 27

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

05S Q
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01	TO	96	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TREATED SANITARY SEWAGE EFFLUENT
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
BIO. OXY. DMD. 5 DAY 00310 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.5 DAILY AVG	*****	LB/DY	*****	30 DAILY AVG	45 DAILY MAX	MG/L	0	0/3MO	COMP		
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	2.1 DAILY AVG	*****	LB/DY	*****	125 DAILY AVG	125 DAILY MAX	MG/L	0	0/3MO	COMP		
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	0/3MO	GRAB		
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.5 DAILY AVG	*****	LB/DY	*****	30 DAILY AVG	45 DAILY MAX	MG/L	0	0/3MO	COMP		
FECAL COL. BAC. / 100ML 74055 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	500 LOG MEAN	500 DAILY MAX	# / 100ML	0	0/3MO	GRAB		
	SAMPLE MEASUREMENT PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven R. Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505 665-0453
 AREA CODE NUMBER

DATE
 96 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NM0028355 PERMIT NUMBER

13S A DISCHARGE NUMBER

MAJOR Form Approved. OMB No. 2040-0004 F - FINAL Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	10	01	TO	96	10	31
(20-21)		(22-23) (24-25)		(26-27)		(28-29) (30-31)

TREATED SANITARY SEWAGE EFFLUENT
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BIO. OXY. DMD. 5 DAY 00310 1 0 0	SAMPLE MEASUREMENT	3	*****	LB/DY	*****	2	2	MG/L	0	3/MON	COMP
	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			3/MON	COMP
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU	0	5/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/WK	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	3	*****	LB/DY	*****	2	2	MG/L	0	3/MON	COMP
	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			3/MON	COMP
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.2553	0.4680	MGD	*****	*****	*****	*****		CONT	TOTAL
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			CONT	TOTAL
FECAL COL. BAC. / 100ML 74055 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	# / 100ML	0	3/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	500 LOG MEAN	500 DAILY MAX			3/MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN R. RAE
 ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505 665-0453
 AREA CODE NUMBER

DATE
 96 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: T. Cull

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355 PERMIT NUMBER
03A 021 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

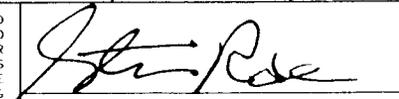
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0065	0.0065	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 33 USC § 1319). (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE	
			\$05 665-0453	AREA CODE	NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: L. Woodrow

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

03A 022
DISCHARGE NUMBER

MAJOR Form Approved.
F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	8.4	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0173	0.0173	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1313 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven Rae
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-0453
DATE: 96 11 27
AREA CODE: NUMBER: YEAR: MO: DAY:

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: L Woodrow

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

03A 024
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	96	10	31
(20-21)		(22-23)		(24-25)	
				(26-27)	
				(28-29)	
				(30-31)	

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****			0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years))


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
AREA CODE NUMBER

DATE
96 11 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: L. Rowten

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

03A 025
 DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)		(22-23)		(24-25)		(26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			UNITS	NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-0453
 DATE: 96 11 27
 AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: I. Trezona

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

03A 027
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only (46-53) (54-61))			QUALITY OR CONCENTRATION (4 Card Only (38-45) (46-53) (54-61))				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0864	0.0864	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 505 665-0453	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

03A 028
DISCHARGE NUMBER

MAJOR
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.6	*****	8.6	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0004	0.0004	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 665-0453

DATE

96 11 27

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355 PERMIT NUMBER
03A 034 DISCHARGE NUMBER

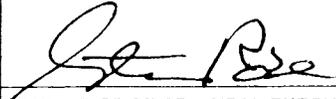
MAJOR
F - FINAL

Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN
***** NO DISCHARGE *****
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0003	0.0003	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 505 665-0453	DATE								
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER	YEAR	MO	DAY			
TYPED OR PRINTED											

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: S. Helmick

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

03A 035
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	08	01		96	10	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX. (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0072	0.0072	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven Rae
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-0453
DATE: 96 11 27

AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

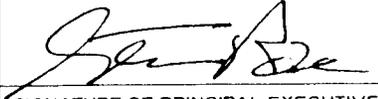
(2-16) **NM0028355** PERMIT NUMBER
 (17-19) **03A 036** DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.7	*****	8.7	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0036	0.0036	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 43 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 505 665-0453	DATE			
			AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 			96	11	27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: P. Bussolini

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

03A 038
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	08	01		96	10	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

COOLING TOWER BLOWDOWN

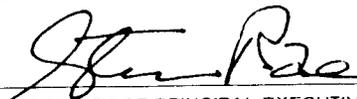
*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX.	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****			0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
DATE 96 11 27
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: J. Wilson

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NM0028355 PERMIT NUMBER

03A 040 DISCHARGE NUMBER

Q MAJOR Form Approved. OMB No. 2040-0004 F - FINAL Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

COOLING TOWER BLOWDOWN
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.8	*****	8.8	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0				
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100				
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	DAILY AVG 1	DAILY MAX 1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	20	40				
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	DAILY AVG 0.02	DAILY MAX 0.02	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04	0.04				
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0086	0.0086	MGD	*****	*****	*****	*****	0	1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	*****	*****	*****	*****				
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.5				
	SAMPLE MEASUREMENT					DAILY AVG	DAILY MAX				
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN R. RAE
 ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
 DATE 96 11 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

03A 042
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****	*****	*****	8.5	*****	8.5	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0			1/3MO	GRAB
TOTAL SUSP. SOLIDS	*****	*****	*****	*****	MINIMUM	*****	MAXIMUM				
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	4	4	MG/L	0	1/3MO	GRAB
TOTAL PHOSPHORUS	*****	*****	*****	*****	*****	30	100	DAILY AVG DAILY MAX			
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
TOTAL ARSENIC	*****	*****	*****	*****	*****	20	40	DAILY AVG DAILY MAX			
01002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/3MO	GRAB
FLOW	0.0043	0.0043	MGD	*****	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		1/3MO	EST
FREE AVAIL. CHLORINE	*****	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.5	DAILY AVG DAILY MAX		1/3MO	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFIKANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE	
STEVEN R. RAE ESH-18 GROUP LEADER								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		705 665-0453	
TYPED OR PRINTED		AREA CODE		NUMBER		YEAR		MO		DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: S. Helmick

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

03A 045
DISCHARGE NUMBER

MAJOR

Form Approved.

F - FINAL

OMB No. 2040-0004

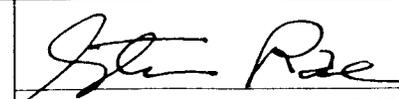
Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01	TO	96	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX	FREQUENCY OF ANALYSIS (62-67) (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.8	*****	8.8	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0043	0.0043	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Ryder

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

03A 047
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-95

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****	*****	*****	8.1	*****	8.1	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	*****	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	*****	*****	*****	*****	*****	3	3	MG/L	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	*****	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	0.0864	0.0864	MGD	*****	*****	*****	*****			1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	*****	*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	*****	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)		TELEPHONE	DATE		
			505 665-0453	96	11	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Ryder

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

03A 048
 DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

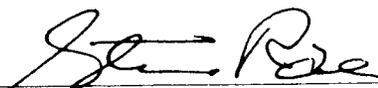
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	8.4	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.1008	0.1008	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
 AREA CODE NUMBER

DATE
11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Ryder

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

03A 049
 DISCHARGE NUMBER

G MAJOR Form Approved.
F - FINAL OMB No. 2040-0004

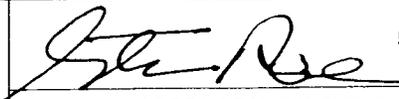
Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	8.4	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0720	0.0720	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 31 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY
 LOCATION Outfall Owner: R. Ryder

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

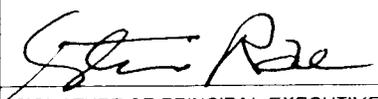
03A 113
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.3	*****	8.3	SU	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0004	0.0004	MGD	*****	*****	*****	*****		1/3MO EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 505 665 0453	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Ryder

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

03A 125
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINA DMB No. 2040-0004
 Approval expires 10-31-94

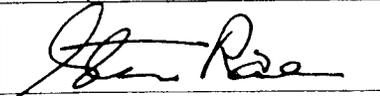
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-64)	FREQUENCY OF ANALYSES (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****			0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
 AREA CODE NUMBER

DATE
96 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: W. Radzinski/D. Montoye

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

03A 130
DISCHARGE NUMBER

Q MAJOR Form Approved.

F - FINA OMB No. 2040-0004

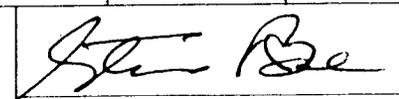
Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)		(22-23) (24-25)		(26-27)		(28-29) (30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0004	0.0004	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	9/11/27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: R. Ryder

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

03A 145
DISCHARGE NUMBER

0 MAJOR
F - FINAL

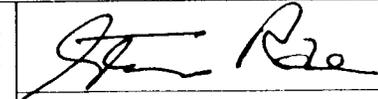
Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	96	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER							505 665-0453	96 11 27			
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY
 LOCATION Outfall Owner: R. Ryder

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355 PERMIT NUMBER
 03A 146 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)		(22-23)		(24-25)		(26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 505 665-0453	DATE			
			96	11	27	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: T. Trezona

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

03A 148
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

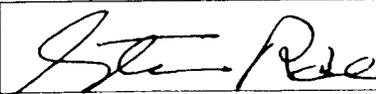
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0288	0.0288	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
AREA CODE NUMBER

DATE
96 11 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

03A 158
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)		(22-23)		(24-25)		(26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN
***** NO DISCHARGE *****
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only (46-53) (54-61))			QUALITY OR CONCENTRATION (4 Card Only (38-45) (46-53) (54-61))			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0043	0.0043	MGD	*****	*****	*****	*****	0	1/3MO EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Steven Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
 DATE
96 11 27
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY
 LOCATION Outfall Owner: I. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

03A 160
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004

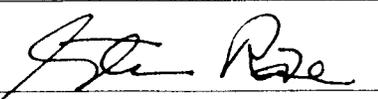
Approval expires 10-31-94

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	08	01		96	10	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	SAMPLE MEASUREMENT	*****	*****	*****	9.0	*****	9.0	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	54	MG/L	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0576	0.0576	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC, § 1001 AND 31 USC, § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							505 665-0453	96	11	27
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Average concentration for TSS exceeded.
 See attached non-compliance report. (SR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Post

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

03A 181
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

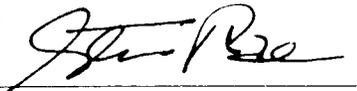
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)		(22-23)		(24-25)		(26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.7	*****	8.7	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0360	0.0360	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505 665-0453
 AREA CODE NUMBER

DATE
 9 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: J. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

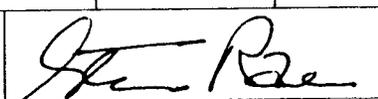
NM0028355
 PERMIT NUMBER

03A 185
 DISCHARGE NUMBER

MAJOR Form Approved.
F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN
***** NO DISCHARGE *****
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96 / 11 / 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: S. Helmick

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

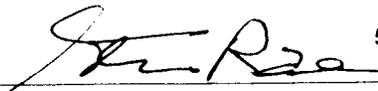
04A 016
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
96	08	01	96	10	31			
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

NONCONTACT COOLING WATER
***** NO DISCHARGE *****

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	1/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB	
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0101	0.0101	MGD	*****	*****	*****	*****		1/3MO	EST	
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST	
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96 11 27			
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

04A 083
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

***** NO DISCHARGE *****

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0011	0.0011	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.3	0.3	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 665-0453	96	11
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

04A 070
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
***** NO DISCHARGE X *****
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER							505 665 0453		96 11 27		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

04A 091
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

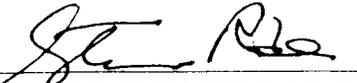
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only (46-53) / (54-61))			QUALITY OR CONCENTRATION (4 Card Only (38-45) / (46-53) / (54-61))				NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.00004	0.00004	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN R. RAE
 ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
 DATE 96 11 27
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

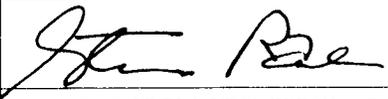
NM0028355 PERMIT NUMBER
 04A 092 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 3 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 505 665-0453	DATE 96 11 27		
			AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: S. McCleary

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

04A 094
DISCHARGE NUMBER

Q MAJOR

F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)				NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0014	0.0014	MG/D	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 665-0453

DATE

96 11 27

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: I. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

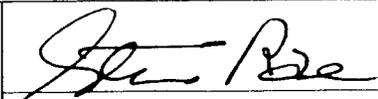
04A 101
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.0	*****	8.0	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0029	0.0029	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER							505 665-0453		96 11 27		
TYPED OR PRINTED	AREA CODE		NUMBER		YEAR		MO		DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PQ BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

04A 115
 DISCHARGE NUMBER

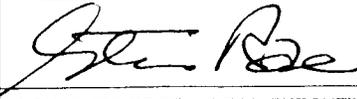
Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	08	01		96	10	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

NONCONTACT COOLING WATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0029	0.0029	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.5	0.5	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96	11	27
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LQS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LQS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: B. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

04A 118
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	6.0 MINIMUM	***** *****	9.0 MAXIMUM	SU	0	0/3MO 1/3MO	GRAB GRAB	
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	***** *****	***** *****	***** *****	***** *****	0	0/3MO 1/3MO	EST EST	
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	REPORT DAILY AVG	REPORT DAILY MAX	MG/L	0	0/3MO 1/3MO	GRAB GRAB	
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 5 years.)							TELEPHONE 505 665-0453	DATE 96 11 27			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: L. Woodrow

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

04A 127
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL LOMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
***** NO DISCHARGE *****

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	1/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB	
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0014	0.0014	MGD	*****	*****	*****	*****		1/3MO	EST	
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST	
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH: 18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)								TELEPHONE 505 665-0453		DATE 96 11 27	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY _____
 LOCATION Outfall Owner: S. Helmick

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

04A 131
 DISCHARGE NUMBER

Q MAJOR Form Approved.

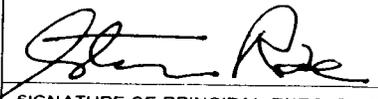
F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
***** NO DISCHARGE X *****

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****			0	0 / 3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU				1 / 3MO
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****	0	0 / 3MO	EST	
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****					1 / 3MO
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0 / 3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX					1 / 3MO
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453		96	11	27
TYPED OR PRINTED	AREA CODE	NUMBER	YEAR	MO	DAY							

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: I. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

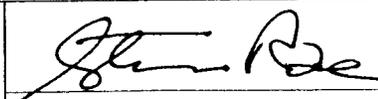
04A 139
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
 *** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16) **NM0028355** (17-19) **04A 141**
 PERMIT NUMBER DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only (46-53) / (54-61))			QUALITY OR CONCENTRATION (4 Card Only (38-45) / (46-53) / (54-61))			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.3	*****	8.3	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0018	0.0018	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

Steven R. Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
 AREA CODE NUMBER

DATE
2 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

04A 143
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

NONCONTACT COOLING WATER

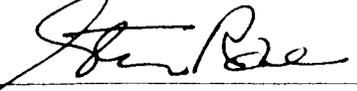
*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****			SU	0	0/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				1/3MO	GRAB	
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****			0/3MO	EST	
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****				1/3MO	EST	
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX				1/3MO	GRAB	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
 AREA CODE NUMBER

DATE
96 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: S. Helmick

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

04A 152
DISCHARGE NUMBER

Q MAJOR Form Approved.

F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	96	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****			SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0	0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****				1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX				1/3MO	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)							TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453		96 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: S. Helmick

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

04A 153
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL LOMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
***** NO DISCHARGE *****

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	8.1 6.0 MINIMUM	***** *****	8.1 9.0 MAXIMUM	SU	0	1/3MO	GRAB	
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0014 REPORT DAILY AVG	0.0014 REPORT DAILY MAX	MGD	***** *****	***** *****	***** *****	*****		1/3MO	EST	
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	0.0 REPORT DAILY AVG	0.0 REPORT DAILY MAX	MG/L	0	1/3MO	GRAB	
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 42 USC § 1313 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE 505 665-0453	DATE 96 11 27			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: I. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355 PERMIT NUMBER
04A 156 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

NONCONTACT COOLING WATER
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.5	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0050	0.0050	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$100,000 and or maximum imprisonment of between 6 months and 5 years.)

Steven R. Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
 DATE 96 11 27
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

04A 157
DISCHARGE NUMBER

Q MAJOR Form Approved.

F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0043	0.0043	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 665-0453

DATE

9/11/27

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: B. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16) **NM0028355** (17-19) **04A 161**
 PERMIT NUMBER DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD								
YEAR			MO			DAY		
96	08	01	96	10	31			

NONCONTACT COOLING WATER
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT *****	*****	*****	*****	7.0	*****	9.4	SU	6	14 / 3M	GRAB
	PERMIT REQUIREMENT *****	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			1 / 3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT 0.0432 0.005	0.0432 0.005	MGD	*****	*****	*****	*****	*****		14 / 3M	EST
	PERMIT REQUIREMENT REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****	*****			1 / 3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT *****	*****	*****	*****	0.4	3.3	MG/L	0	11 / 3M	GRAB	
	PERMIT REQUIREMENT *****	*****	*****	*****	REPORT DAILY AVG	REPORT DAILY MAX				1 / 3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 31 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Steven R. Rae</i>	TELEPHONE 505 665-0453	DATE 11 27
			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PH minimum concentration exceeded. Please see attached non-compliance report. The six exceedances occurred during a line disinfection operation which lasted approximately one hour.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

04A 163
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
96	08	01	96	10	31	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

NONCONTACT COOLING WATER
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0014	0.0014	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 665-0453	96	11
TYPED OR PRINTED	AREA CODE	NUMBER	YEAR	MO	DAY						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

04A 164
DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	08	01		96	10	31	
(20-21)		(22-23)		(24-25)		(26-27) (28-29) (30-31)	

NONCONTACT COOLING WATER
***** NO DISCHARGE X *****

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX	FREQUENCY OF ANALYSIS (62-63) (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFIKANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 33 USC § 1319) (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

Steven Rae
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453

DATE
96 11 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

04A 165
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	08	01		96	10	31	
(20-21)		(22-23)		(24-25)		(26-27) (28-29) (30-31)	

NONCONTACT COOLING WATER
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.3	*****	8.3	SU	0	1/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB	
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0072	0.0072	MGD	*****	*****	*****	*****		1/3MO	EST	
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST	
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFIKANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE 505 665-0453	DATE 96 11 27			
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

04A 166
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

NONCONTACT COOLING WATER
 *** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS (62-64)	NO. EX (65-67)	FREQUENCY OF ANALYSIS (68-69)	SAMPLE TYPE (70-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****				SU	0	0 / 3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****	0 / 3MO	EST	
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****				
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0 / 3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 11 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven R. Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
 AREA CODE NUMBER

DATE
96 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: B. Fox

NM0028355
PERMIT NUMBER

04A 171 Q
DISCHARGE NUMBER

MAJOR Form Approved.
F - FINAL OMB No. 2040-0004

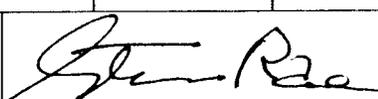
Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****			SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****			0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****				1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX				1/3MO	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453		96 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Fox

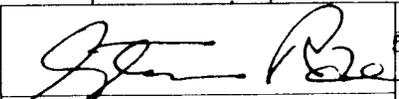
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16) **NM0028355** (17-19) **04A 172**
 PERMIT NUMBER DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER							505 665-0453		96 11 27		
TYPED OR PRINTED	AREA CODE		NUMBER		YEAR	MO	DAY				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

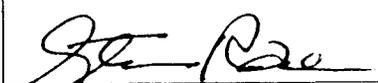
04A 173
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
***** NO DISCHARGE X *****

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****			SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****			0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****				1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX				1/3MO	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453		96 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: B. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355 04A 174
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-64)	FREQUENCY OF ANALYSES (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 31 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
		505 665-0453	96	11	27	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

04A 175
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0 / 3MO	GRAB		
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1 / 3MO	GRAB		
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0 / 3MO	EST		
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1 / 3MO	EST		
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0 / 3MO	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1 / 3MO	GRAB		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN H. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
 AREA CODE NUMBER

DATE
96 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NM0028355 PERMIT NUMBER

04A 176 Q DISCHARGE NUMBER

MAJOR Form Approved.

F - FINAL LOMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01	TO	96	10	31
(20-21)		(22-23) (24-25)		(26-27)		(28-29) (30-31)

NONCONTACT COOLING WATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU	0	1/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB	
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.7200	0.7200	MGD	*****	*****	*****	*****		1/3MO	EST	
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST	
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96 11 27			
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PQ BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

04A 177
DISCHARGE NUMBER

Q MAJOR Form Approved.

F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

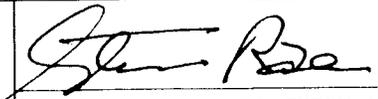
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-31)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	1.0080	1.0080	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFKANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 505 665-0453		DATE 96 11 27		
			TYPED OR PRINTED	AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

04A 182
 DISCHARGE NUMBER

Q MAJOR
F - FINAL

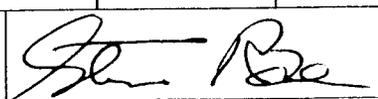
Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	08	01		96	10	31	
<small>(20-21)</small>		<small>(22-23)</small>		<small>(24-25)</small>		<small>(26-27)</small>	
				<small>(28-29)</small>		<small>(30-31)</small>	

NONCONTACT COOLING WATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER <small>(32-37)</small>	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	<small>(3 Card Only)</small> QUANTITY OR LOADING <small>(46-53)</small> <small>(54-61)</small>			<small>(4 Card Only)</small> QUALITY OR CONCENTRATION <small>(38-45)</small> <small>(46-53)</small> <small>(54-61)</small>				NO. EX <small>(62-64)</small>	FREQUENCY OF ANALYSIS <small>(64-68)</small>	SAMPLE TYPE <small>(69-70)</small>	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU	0	1/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB	
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0001	0.0001	MGD	*****	*****	*****	*****		1/3MO	EST	
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST	
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.8	0.8	MG/L	0	1/3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)							TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453		96 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY
 LOCATION Outfall Owner: R. Fox

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16) NM0028355 (17-19) 04A 186 Q
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL LOMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)				NO EX	FREQUENCY OF ANALYSIS (62-63) (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.5760	0.5760	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN R. RAE
 ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven R. Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
 DATE 96 11 27
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

05A 053
DISCHARGE NUMBER

MAJOR

F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	10 125 DAILY AVG	10 125 DAILY MAX	MG/L	0	1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	7.8 6.0 MINIMUM	***** *****	7.8 9.0 MAXIMUM	SU	0	1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	1 30 DAILY AVG	1 45 DAILY MAX	MG/L	0	1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	1 15 DAILY AVG	1 15 DAILY MAX	MG/L	0	1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0144 REPORT DAILY AVG	0.0144 REPORT DAILY MAX	MGD	***** *****	***** *****	***** *****	*****		1/3MO	EST
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 665-0453

AREA CODE

NUMBER

DATE

96 11 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

05A 054
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)		(22-23)		(26-27)		(28-29)

HIGH EXPLOSIVE WASTE DISCHARGES
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	10	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0029	0.0029	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven R. Rae
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
AREA CODE NUMBER

DATE
96 11 27
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NM0028355 PERMIT NUMBER

05A 055 DISCHARGE NUMBER

MAJOR F - FINAL

Form Approved. OMB No. 2040-0004 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

HIGH EXPLOSIVE WASTE DISCHARGES

*** NO DISCHARGE *** NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only (46-53) (54-61))			QUALITY OR CONCENTRATION (4 Card Only (38-45) (46-53) (54-61))			NO EX (62-64)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	28	28	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.6	*****	8.6	SU	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0072	0.0072	MGD	*****	*****	*****	*****		1/3MO EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and or maximum imprisonment of between 6 months and 5 years.)

Steven Rae
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
DATE 10/11/96
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

05A 056
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	75	75	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	64	64	MG/L	1	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0072	0.0072	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

Steven Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
 DATE 96 11 27
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*Average and maximum concentrations for Oil and Grease exceeded.
 See attached non-compliance report. (SR)*

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

05A 066
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	10	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.0	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	15	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0072	0.0072	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 19 USC § 1051 AND 33 USC § 1313. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER							505 665-0453		96 11 27		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: J. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

05A 067
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

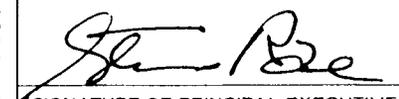
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES

***** NO DISCHARGE X *****

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)	TELEPHONE		DATE		
		505 665-0453		96	11	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: I. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

05A 068
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	10 125 DAILY AVG	10 125 DAILY MAX	0	1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	7.3 6.0 MINIMUM	***** ***** MAXIMUM	7.3 9.0	0	1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	1 30 DAILY AVG	1 45 DAILY MAX	0	1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	1 15 DAILY AVG	1 15 DAILY MAX	0	1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0058 REPORT DAILY AVG	0.0058 REPORT DAILY MAX	MGD	***** *****	***** *****	***** *****	0	1/3MO	EST
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
 AREA CODE NUMBER

DATE
96 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355 PERMIT NUMBER
05A 069 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

HIGH EXPLOSIVE WASTE DISCHARGES
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			SU	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Steven R. Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-0453
 DATE: 96 11 27
 AREA CODE: NUMBER: YEAR: MO: DAY:

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

05A 071
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

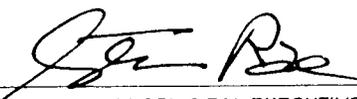
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)		(22-23)		(24-25)		(26-27)
				(28-29)		(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	10	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0058	0.0058	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN R. RAE
 ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
 DATE 96 11 27
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355 **05A 072**
 PERMIT NUMBER DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER							505 665-0453		96 11 27		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

05A 096
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	96	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

Steven Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-0453
 DATE: 96 11 27
 AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Garathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355 PERMIT NUMBER
05A 097 DISCHARGE NUMBER

MAJOR Q
 F - FINAL
 Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

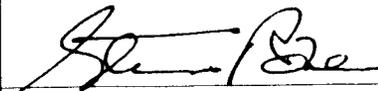
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

HIGH EXPLOSIVE WASTE DISCHARGES
 *** NO DISCHARGE X ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT *****	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT *****	*****	*****	*****	*****			SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT *****	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT *****	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT *****	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT *****			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT *****	REPORT DAILY AVG	REPORT DAILY MAX	*****	*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years))


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
 AREA CODE NUMBER
 DATE 96 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

06A 073
DISCHARGE NUMBER

Q MAJOR
F - FINAL

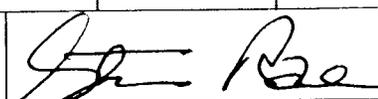
Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	08	01		96	10	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

PHOTO WASTE DISCHARGES

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0014	0.0014	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	76 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PQ BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

06A 074
 DISCHARGE NUMBER

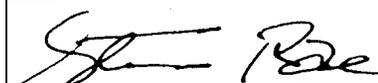
Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PHOTO WASTE DISCHARGES

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX. (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.0	SU	0	1 / 3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM					
TOTAL SILVER 01077 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1 / 3MO	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX					
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0036	0.0036	MGD	*****	*****	*****	*****		1 / 3MO	EST	
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****					
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)							TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453		96 11 27		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: I. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

06A 075
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

PHOTO WASTE DISCHARGES
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			UNITS	NO. EX	FREQUENCY OF ANALYSIS (62-64)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
TOTAL SILVER 01077 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX				
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0022	0.0022	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1313 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
 DATE
96 11 27
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: I. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

06A 079
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

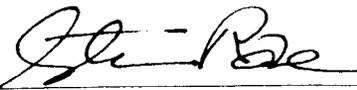
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PHOTO WASTE DISCHARGES

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0002	0.0002	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 505 665-0453	DATE			
			AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY _____

LOCATION Outfall Owner: I. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355
PERMIT NUMBER

06A 080
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)		(22-23) (24-25)		(26-27)		(28-29) (30-31)

PHOTO WASTE DISCHARGES

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****				SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER 01077 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven Rae
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 665-0453

AREA CODE

NUMBER

DATE

96 11 27

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0028355

PERMIT NUMBER

06A 081

DISCHARGE NUMBER

Q MAJOR

Form Approved.

F - FINAL

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-31)	(24-25)		(26-27)	(28-29)	(30-31)

PHOTO WASTE DISCHARGES

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX	FREQUENCY OF ANALYSIS (62-64)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****			0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER 01077 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 43 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven Rae
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453

DATE
96 11 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355 PERMIT NUMBER

06A 082 DISCHARGE NUMBER

Q MAJOR F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PHOTO WASTE DISCHARGES

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)			UNITS	NO EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453

DATE 96 11 27

AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY
 LOCATION Outfall Owner: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

06A 099
 DISCHARGE NUMBER

MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004

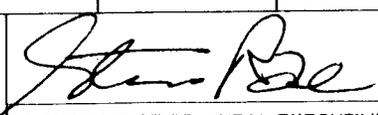
Approval expires 10-31-94

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
96	08	01	96	10	31			
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)			

PHOTO WASTE DISCHARGES

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH	SAMPLE MEASUREMENT	*****	*****	*****	4.7	*****	5.7	SU	2	2/3MO	GRAB	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			1/3MO	GRAB	
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB	
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5	1.0			1/3MO	GRAB	
FLOW	SAMPLE MEASUREMENT	0.0022	0.0022	MGD	*****	*****	*****	*****		2/3MO	EST	
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)							TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453	96 11 27			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 pH minimum concentration exceeded. Please see attached non-compliance flow originated from roof drain connected to outfall. *(Signature)* report.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: I. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355 **06A 100**
 PERMIT NUMBER DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31

PHOTO WASTE DISCHARGES
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU	0	1/3MO GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/3MO GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO GRAB
FLOW	SAMPLE MEASUREMENT	0.0005	0.0005	MGD	*****	*****	*****	*****		1/3MO EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

Steven R. Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505 665 0453
 AREA CODE NUMBER

DATE
 96 11 27
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

06A 106
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(2)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PHOTO WASTE DISCHARGES

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH 00400 1 0 0	SAMPLE MEASUREMENT *****	*****	*****	*****	8.1	*****	8.1	SU	0	1/3MO	GRAB	
	PERMIT REQUIREMENT *****	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB	
TOTAL SILVER 01077 1 0 0	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB	
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB	
FLOW 50050 1 0 0	SAMPLE MEASUREMENT 0.0086	0.0086	MGD	*****	*****	*****	*****	*****		1/3MO	EST	
	PERMIT REQUIREMENT REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****	*****			1/3MO	EST	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE 505 665-0453	DATE 96 11 27			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME: UNIVERSITY OF CALIFORNIA
 ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545
 FACILITY:
 LOCATION: Outfall Owner: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NM0028355
 PERMIT NUMBER

06A 123
 DISCHARGE NUMBER

Q MAJOR Form Approved.
 F - FINAL LOMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		96	10	31
(20-21)		(22-23) (24-25)		(26-27)		(28-29) (30-31)

PHOTO WASTE DISCHARGES

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)			NO EX	FREQUENCY OF ANALYSIS (62-63) (64-65)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	8.4	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
TOTAL SILVER 01077 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX				
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0007	0.0007	MGD	*****	*****	*****	*****	1/3MO	EST	
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN R. RAE
 ESH-18 GROUP LEADER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1313 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steven R. Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-0453
 DATE: 96 11 27
 AREA CODE: 505 NUMBER: 665-0453 YEAR: 96 MO: 11 DAY: 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
PQ BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545
 FACILITY _____
 LOCATION Outfall Owner: P. Bussolini

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

NM0028355
 PERMIT NUMBER

06A 132
 DISCHARGE NUMBER

Q MAJOR Form Approved.
F - FINAL OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		96	10	31
	(20-31)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PHOTO WASTE DISCHARGES
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.3	*****	8.3	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER 01077 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0072	0.0072	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 35 USC § 1113. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER								505 665-0453			
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)